

Inspection Report

18 January 2022



Clogher Valley Day Centre

Type of service: Day Care Setting
Address: 38 Augher Road, Clogher, BT76 0AD
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Southern Health and Social Care Trust (SHSCT)	Registered Manager: Mr Martin Stevenson
Responsible Individual: Mr Shane Devlin	Date registered: 7 October 2010
Person in charge at the time of inspection: Mr Martin Stevenson	
Brief description of the accommodation/how the service operates: This is a day care setting with 22 places that provides care and day time activities for people over the age of 65, who may also be frail and / or, have dementia or who have needs arising from mental health diagnosis or a learning disability. The day care setting is open Monday to Thursday and is managed by the SHSCT.	

2.0 Inspection summary

An unannounced care inspection took place on 18 January 2022 from 10.40 a.m. to 3.55 p.m.

This inspection focused on staff registrations with the Northern Ireland Social Care Council (NISCC), adult safeguarding, notifications, complaints and whistleblowing, Deprivation of Liberty Safeguards (DoLS), restrictive practice, dysphagia arrangements, monthly quality monitoring, service users' financial records and Covid-19 guidance.

Service users said that they were very satisfied with the standard of care and support provided.

Evidence of good practice was found in relation to monitoring the professional registration of staff, management of dysphagia, management of accidents and incidents, the provision of person centred care, communication between service users, staff and other key stakeholders and staff training.

Two areas requiring improvement were identified in relation to the completion of quality monitoring reports and the management of service users' monies.

The findings of this report will provide the day care setting with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

Prior to inspection we reviewed the information held by RQIA in relation to the day care setting. This included the previous inspection report and the quality improvement plan (QIP) and any written and verbal communication received since the previous care inspection.

During our inspection we focused on speaking with the service users and staff to find out their views on the service.

The inspection also focused on reviewing a range of relevant documents, policies and procedures relating to the day care setting's governance and management arrangements. This included checking how staffs' registrations with NISCC were monitored.

We discussed any complaints and incidents during the inspection with the manager and we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in accordance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007.

Information was provided to staff, service users and/or their relatives on how feedback could be provided to RQIA about the quality of services in the day care setting. This included service user/relative questionnaires and a staff poster. Nine service users/relatives' responses were received and the respondents were very satisfied that care was safe, effective, compassionate and well led. No staff responses were received within the timescale requested.

One area for improvement was identified at the last care inspection. This area was reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

4.0 What people told us about the service

The information provided by service users during the inspection indicated that there were no concerns in relation to the day care setting. All confirmed that they were very satisfied with the standard of care and support provided. We spoke with seven service users and five staff including the manager.

Comments received during the inspection process included:

Service users' comments:

- "I feel safe here with all the work staff do to keep us safe from Covid-19."

- “A great day centre and you’ll not find fault here.”
- “Staff are so helpful and always asking do we need anything.”
- “There is a warm welcoming atmosphere.”
- “I couldn’t suggest anything to make the centre better; it’s perfect the way it is.”
- “I get choice of everything here such as activities and dinner.”

Staff comments:

- “I am well supported by the manager and he is available at the end of the phone at all times.”
- “Care and attention first class in the centre.”
- “I have done all my mandatory training including DoLS and dysphagia training.”
- “I know all the service users’ needs; very good communication and if there is a change in the service users’ needs we are informed immediately.”
- “I have regular supervision.”
- “I have access to all care records and dysphagia care plans are available in service users’ files.”
- “I am well supported in my role; the manager is supportive and approachable.”

A relative and a number of service users returned questionnaires. The respondents indicated that they were very satisfied that care was safe, effective, compassionate and well led.

Respondents’ comments:

- “Excellent care”.
- “If there was anything for the carers to know I would be quite contented that they would listen.”
- “As a family relative I would just like to say Clogher Day Centre is our lifeline for our father and we are forever grateful for all the care he receives at this wonderful place.”

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Clogher Valley Day Centre was undertaken on 24 July 2019 by a care inspector; one area for improvement was identified. A QIP was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 24 July 2019		
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2021		Validation of compliance
Area for Improvement 1 Ref: Standard 7.1 Stated: First time	The registered person shall ensure written consent is obtained regarding displaying photographs of service users within the day care setting.	Met
	Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. Review of three care records evidenced that this area for improvement had been addressed.	

5.2 Inspection findings

5.2.1 Are there systems in place for identifying and addressing risks?

The day care setting's provision for the welfare, care and protection of service users was reviewed. The organisation's policy and procedures reflected information contained within the Department of Health's (DoH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC).

Discussions with the manager and staff revealed they were knowledgeable regarding their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns and maintain written records. Staff confirmed that they were aware of their obligations in relation to raising concerns with respect to service users' wellbeing and poor practice, and were confident of an appropriate management response.

It was confirmed that staff were required to complete adult safeguarding training during their induction programme and regular updates thereafter.

Service users who spoke to us stated that they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns in relation to safety or the care being provided. The day care setting had provided service users with information in relation to keeping themselves safe and the details of the process for reporting any concerns.

The manager described the staffing levels which have been assessed as necessary to provide a safe service in the setting.

Assurances were provided to the inspector by the manager that sufficiently qualified, competent and experienced persons are working at all times to meet the assessed needs of the service users, taking into account the size and layout of the premises, the number of service users accommodated, fire safety requirements and the statement of purpose. A review of a sample of the staffing roster evidenced that the planned staffing levels were adhered to.

Discussions with staff, service users and observations during the inspection verified that staffing levels were sufficient to meet the assessed needs of service users.

The day care setting's governance arrangements in place for identifying, managing and, where possible, eliminating unnecessary risk to service users' health, welfare and safety were reviewed during the inspection. This indicated that an effective incident and accident reporting policy and system was in place. Staff are required to record any incidents and accidents in a centralised electronic record, which is then reviewed and audited by the manager, senior manager and the SHSCT governance department. A review of a sample of these records and discussion with the manager evidenced that incident and accidents were managed appropriately.

Observation of and discussion with staff evidenced that staff were very knowledgeable regarding each service user and the support they required in order to ensure their safety. In addition, discussions with staff and the manager evidenced that they had an understanding of the management of risk, and an ability to balance assessed risks with the wishes and human rights of individual service users.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Staff were provided with training appropriate to the requirements of their roles. Discussion with staff confirmed that mandatory staff training was up to date. This included DOLs training.

Staff had an understanding that people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act. The manager advised that discussions were ongoing with Trust key workers in regards to practices that may be potentially restrictive.

On entering the day care setting the inspector's temperature and contact tracing details were obtained by the day care worker who advised that this is completed for all persons entering the day care setting in line with current Covid-19 guidelines.

The environment was observed and there was evidence of infection prevention and control measures (IPC) in place such as Personal Protective Equipment (PPE) which was available for staff. Other IPC measures were in place, which included supplies of liquid soap and hand towels mounted on the wall and foot pedal operated bins. Wall mounted hand sanitisers were strategically located throughout the day care setting. There were numerous laminated posters displayed throughout the day care setting to remind staff of good hand washing procedures and the correct method for donning (putting on) and doffing (taking off) PPE.

Discussion with the manager and staff identified that they had a good understanding of the procedure to follow in the event of service users or staff being diagnosed with Covid-19. We discussed the provision of mandatory training specific to IPC measures with staff.

Staff confirmed that they had undertaken IPC training and that the training provided them with the necessary skills and knowledge to care for and support service users. A review of staff training records confirmed that staff had received training in IPC and Covid-19 awareness including the donning and doffing of PPE. The manager confirmed that management were monitoring progress with overall mandatory training to ensure full compliance.

There was a good system in place to share information relating to Covid-19 and IPC practices. Staff were observed adhering to guidance and were knowledgeable about IPC during discussions.

Review of financial records evidenced that receipts were provided to service users' for monies paid for the lunch meal however; two signatures were not provided for monies received. An area for improvement has been identified.

Observation of the environment was undertaken during a walk around of the day care setting, it confirmed that the environment was warm, clean, fresh smelling and had suitable lighting. Fire exits and walk ways were clear and free from any obstructions. The discussion with the manager confirmed that furniture, aids and appliances were fit for purpose for the diverse needs of service users.

5.2.2 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

Discussions with staff and review of service user care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the day care setting. There was evidence that day care staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff were also implementing the specific recommendations of the SALT to ensure the care received in the setting was safe and effective.

It was noted that a number of service users had been assessed by SALT in relation to dysphagia needs and specific recommendations made with regard to their individual needs in respect of food and fluids. Staff spoken with demonstrated a good knowledge of service users' wishes, preferences and assessed needs and how to modify food and fluids. It was positive to note all staff, including catering staff, had undertaken dysphagia training.

5.2.3 Are there robust systems in place for staff recruitment?

The manager advised that there were no newly recruited staff to the day centre and that the staff team had all worked in the day centre for a number of years. The manager confirmed that recruitment was managed in accordance with the regulations and minimum standards, before staff members commence employment and direct engagement with service users.

A review of records confirmed all staff working in the day care setting were registered with NISCC. Information regarding registration details and renewal dates was monitored by the manager. The manager confirmed that all staff were aware that they were not permitted to work if their professional registration was to lapse.

Discussion with staff confirmed that they were registered with NISCC. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

The manager told us that the centre does not use volunteers or voluntary workers in the day centre.

5.2.4 Are there robust governance processes in place?

The Regulation 28 quality monitoring reports were available to be examined since the last inspection. The reports evidenced a review of the conduct of the day care setting, engagement with service users, service users' representatives and the development of action plans for follow up at subsequent visits. Reports also included review of service user care records; accident/incidents; safeguarding matters; complaints; compliments; staff recruitment and training, and staffing arrangements.

Review of the quality monitoring reports identified that a visit had not been undertaken in August 2021. An area for improvement has been identified in this regard.

There was a process for recording complaints in accordance with the day care setting's policy and procedures. The review of records and discussion with the manager confirmed that one complaint was received since the date of the last inspection. It was noted that the complaint had been managed in accordance with the organisation's policy and procedures and were reviewed as part of the agency's monthly quality monitoring process.

Discussion with staff confirmed that they knew how to receive and respond to complaints sensitively and were aware of their responsibility to report all complaints to the manager.

Discussions with the manager and staff described positive working relationships in which issues and concerns could be freely discussed; staff reported they were confident that they would be listened to. In addition, staff confirmed that they felt supported by management.

Discussions with the management and staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. This included the availability of continuous update training alongside supervision/appraisal processes, team meetings and an open door policy for discussions with the management team and observation of staff practice.

It was established during discussions with the manager that the day care setting had not been involved in any Serious Adverse Incidents (SAIs)/Significant Event Analyses (SEAs) or Early Alerts (EAs).

6.0 Conclusion

Based on the inspection findings and discussions held with staff and service users, RQIA was satisfied that this service was providing safe and effective care in a caring and compassionate manner and that the service was well led.

Two areas requiring improvement were identified in relation to the completion of quality monitoring reports and the management of service users' monies.

The inspector would like to thank the manager, service users and staff for their support and co-operation throughout the inspection process.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, Revised 2021.

	Regulations	Standards
Total number of Areas for Improvement	1	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Martin Stevenson, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 28 (1) (2) (3) (4) (5) Stated: First time To be completed by: Immediate and ongoing from the date of inspection	The registered person must ensure that the quality monitoring visits are undertaken at least once a month or as agreed with the Regulation and Improvement Authority. Ref: 5.2.4
	Response by registered person detailing the actions taken: The process for completing monthly monitoring visits has been reviewed and arrangements are now in place to ensure that these are completed in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007.
Action required to ensure compliance with the Day Care Settings Minimum Standards, Revised 2021	
Area for improvement 1 Ref: Standard 11.5 Stated: First time To be completed by: Immediate and ongoing from the date of inspection	The registered person shall ensure that records of, and receipts for, all transactions undertaken by the staff on each service user's behalf are maintained. Where the service user is unable or chooses not to sign two members of staff sign and date the record. Ref: 5.2.1
	Response by registered person detailing the actions taken: This area of improvement has now been met with systems in place to ensure that records of, and receipts for, all transactions undertaken by staff on each service user's behalf are maintained are compliant with legislation. A Robust system is now in place to ensure managerial oversight is maintained to ensure compliance with the required standard.

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